

Please type a plus sign (+) inside this box **[+]**

PTO/SB/29 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS

(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
Total Claims (37 CFR 1.16(c))	<u>27</u> - <u>20</u> =	<u>7</u>	X \$ <u>22.00</u> =	\$ <u>154.00</u>
Independent Claims (37 CFR 1.16(b))	<u>5</u> - <u>3</u> =	<u>2</u>	X \$ <u>82.00</u> =	\$ <u>164.00</u>
Multiple Dependent Claims (if applicable) (37 CFR 1.16(d))			+ \$ <u>0.00</u> =	\$ <u>0.00</u>
			BASIC FEE (37 CFR 1.16(a))	\$ <u>790.00</u>
Total of above Calculations				= \$ <u>1,108.00</u>
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				\$ <u>0.00</u>
TOTAL =				\$ <u>1,108.00</u>

6. Small entity status:
- a. A small entity statement is enclosed.
- b. A small entity statement was filed in the prior nonprovisional application
and such status is still proper and desired.
- c. Is no longer claimed.
7. XX The Commissioner is hereby authorized to credit overpayments or charge the following fees to
Deposit Account No. 02-2666.
- a. X Fees required under 37 CFR 1.16.
- b. X Fees required under 37 CFR 1.17.
- c. Fees required under 37 CFR 1.18.
8. XX A check in the amount of \$ 1,108.00 is enclosed.
9. XX Other: Separate Sheet: Attorney Signature, Certificate of Mailing, and copy of
Return Postcard (1 page).

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Label
OR
 (Insert Customer No. or Attach Bar Code Label here)

 New Correspondence Address Below

NAME: Howard A. Skaist (Reg. No. 36,008)
c/o: BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP

ADDRESS: 12400 Wilshire Boulevard, Seventh Floor

CITY: Los Angeles STATE: California ZIP CODE: 90025-1026

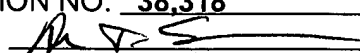
COUNTRY: U.S.A. TELEPHONE: (503) 264-0967 FAX: (503) 684-3245

ATTORNEY DOCKET NO.: 42390.P3991 EXPRESS MAIL NO.: EL034430463US

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Allan T. Sponseller

REGISTRATION NO. 38,318

SIGNATURE 

DATE November 12, 1998

METHOD AND APPARATUS FOR ROUTING ENCODED SIGNALS THROUGH A
NETWORK

Inventors: Dunning, et al.
Our Reference: 42390.P3991

Received

NOV 19 1998

Group 2700

Respectfully submitted,

BLAKELY SOKOLOFF TAYLOR & ZAFMAN, L.L.P.



Date: Nov. 12, 1998

Allan T. Sponseller
Reg. No. 38,318

I hereby certify that I am causing this paper or fee to be deposited with the
United States Postal Service "Express Mail Post Office to Addressee"
service on the date indicated below and that this paper or fee has been
addressed to the Assistant Commissioner for Patents, Washington, D.C.
20231 on:

November 12, 1998

Date of Deposit

Mary E. Warinner

Name of Person Mailing Correspondence

Mary E. Warinner
Signature

11.12.98
Date

EL034430463US

"Express Mail" mailing label number

Serial/Patent No. <u>08/766,895</u>	Filing/Issue Date: <u>December 13, 1996</u>
Client: <u>Intel Corporation</u>	
Title: <u>METHOD AND APPARATUS FOR ROUTING ENCODED SIGNALS THROUGH A NETWORK (Dunning, et al.)</u>	
BSTZ File No.: <u>42390.P3991</u>	Atty/Secty Initials: <u>ATA/ATS(HAS)/mle</u>
Date Mailed: <u>11/12/98</u>	Docket Due Date: <u>11/25/98</u>
The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:	
<input type="checkbox"/> Amendment/Response (____ pgs.)	<input checked="" type="checkbox"/> Express Mail No.: <u>EL034430463US</u> <input checked="" type="checkbox"/> Check No. <u>5804</u>
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> _____ Month(s) Extension of Time Amt: <u>\$1,108.00</u>
<input type="checkbox"/> Application - Utility (____ pgs., with cover and abstract)	<input type="checkbox"/> Information Disclosure Statement & PTO 1449 (____ pgs.) <input type="checkbox"/> Check No. _____
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue Fee Transmittal Amt: _____
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Petition for Extension of Time
<input checked="" type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (<u>2</u> pgs.)	<input type="checkbox"/> Petition for _____
<input type="checkbox"/> Application - Design (____ pgs.)	<input type="checkbox"/> Postcard
<input type="checkbox"/> Application - PCT (____ pgs.)	<input type="checkbox"/> Power of Attorney (____ pgs.)
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input checked="" type="checkbox"/> Preliminary Amendment (<u>7</u> pgs.)
<input type="checkbox"/> Assignment and Cover Sheet	<input type="checkbox"/> Reply Brief (____ pgs.)
<input type="checkbox"/> Certificate of Mailing	<input type="checkbox"/> Response to Notice of Missing Parts
<input type="checkbox"/> Declaration & POA (____ pgs.)	<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business
<input type="checkbox"/> Disclosure Docs & Orig & Copy of Invention Signed Letter (____ pgs.)	<input type="checkbox"/> Transmittal Letter, in duplicate
<input type="checkbox"/> Drawings: _____ # of sheets includes _____ figures	<input type="checkbox"/> Fee Transmittal, in duplicate
<input checked="" type="checkbox"/> Other: <u>Separate Sheet: Certificate of Mailing with Attorney</u>	
<u>Signature and copy of return postcard</u>	